

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



APPLICANTS : Stamler et al.
ASSIGNEES : Duke University and Montana State University - Bozeman
SERIAL NUMBER : 10/066,320 EXAMINER : Anish Gupta
FILING DATE : January 31, 2002 ART UNIT : 1654
FOR : METHOD FOR DETERMINING THE PHYSIOLOGICAL EFFECTS OF HEMOGLOBIN

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- Revocation by Assignee and New Power of Attorney (2 pages) and attached Schedule A (2 pages) for Duke University;
- Revocation by Assignee and New Power of Attorney (2 pages) and attached Schedule A (1 page) for Montana State University - Bozeman; and
- Return Postcard.

Although the Applicants believe that no fees are due, the Commissioner is hereby authorized to charge any fees that may be due to Deposit Account No. 50-0311 (Ref. No. 28195-518). If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,

Ivor R. Elrifi, Esq., Reg. No. 39,529
Matthew Pavao, Reg. No. 50,572
Attorney/Agent for Applicant(s)
c/o MINTZ, LEVIN
Tel: (617) 542-6000
Fax: (617) 542-2241
Customer No.: 30623

Dated: May 2, 2006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : See Attached Schedule A

ASSIGNEE : Montana State University - Bozeman

U.S. SERIAL NUMBER : See Attached Schedule A

U.S. PATENT NUMBER. See Attached Schedule A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REVOCATION BY ASSIGNEE AND NEW POWER OF ATTORNEY

MONTANA STATE UNIVERSITY - BOZEMAN, owner of the United States patent applications and patents identified on the attached Schedule A, hereby revokes any and all former powers of attorney and hereby appoints the attorneys and/or agents associated with Mintz Levin Cohn Ferris Glovsky & Popeo, Customer Number 30623, as Applicants' attorneys with full power of substitution and revocation to take any and all action necessary with regard to the patent applications and patents identified on the attached Schedule A.

Please address all telephone calls to Ivor R. Elrifi at telephone number 617/348-1747.

Please address all correspondence to Customer No. 30623.

MONTANA STATE UNIVERSITY - BOZEMAN certifies under 37 C.F.R. § 3.73(b) that it is the Assignee of the right, title and interest in the patent applications and patents identified in the attached Schedule A by virtue of assignments of the patent applications and patents.

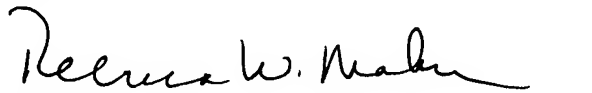
I, the undersigned, am empowered to act on behalf of the Assignee. Acting on behalf of the Assignee, I have reviewed all the documents in the chain of title of the patent applications and patents on the attached Schedule A and, to the best of my knowledge and belief, title is in the Assignee identified above.

APPLICATION NO.: Attached Schedule A
ASSIGNEE: Montana State University - Bozeman

I, the undersigned, hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the patent.

Although Applicant believes no fees are due with this submission, the Commissioner is hereby authorized to charge any deficiency to Deposit Account No. 50-0311, Attorney Reference No. 28195 (Customer Number: 30623).

Respectfully submitted,



NAME: Rebecca W. Mahurin
TITLE: Director, Technology Transfer Office
COMPANY: Montana State University

Date: April 24, 2006

TRA 2120544v.1

Schedule A

Montana State University - Bozeman

Serial No.	Patent No.	Application Filing Date	Assignment Recordation Date	Reel	Frame	Atty. Docket No.
10/066320	N/A	02-Aug-2000	1/28/2003	013713	0483	28195-518 NATL



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : See Attached Schedule A

ASSIGNEE : Duke University

U.S. SERIAL NUMBER : See Attached Schedule A

U.S. PATENT NUMBER. See Attached Schedule A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REVOCATION BY ASSIGNEE AND NEW POWER OF ATTORNEY

DUKE UNIVERSITY, owner of the United States patent applications and patents identified on the attached Schedule A, hereby revokes any and all former powers of attorney and hereby appoints the attorneys and/or agents associated with Mintz Levin Cohn Ferris Glovsky & Popeo, Customer Number 30623, as Applicants' attorneys with full power of substitution and revocation to take any and all action necessary with regard to the patent applications and patents identified on the attached Schedule A.

Please address all telephone calls to Ivor R. Elrifi at telephone number 617/348-1747.
Please address all correspondence to Customer No. 30623.

DUKE UNIVERSITY certifies under 37 C.F.R. § 3.73(b) that it is the Assignee of the right, title and interest in the patent applications and patents identified in the attached Schedule A by virtue of assignments of the patent applications and patents.

I, the undersigned, am empowered to act on behalf of the Assignee. Acting on behalf of the Assignee, I have reviewed all the documents in the chain of title of the patent applications and patents on the attached Schedule A and, to the best of my knowledge and belief, title is in the Assignee identified above.

APPLICATION NO.: Attached Schedule A
ASSIGNEE: Duke University

I, the undersigned, hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the patent.

Although Applicant believes no fees are due with this submission, the Commissioner is hereby authorized to charge any deficiency to Deposit Account No. 50-0311, Attorney Reference No. 28195 (Customer Number: 30623).

Respectfully submitted,



NAME: Rose Ritts, Ph.D.
TITLE: Executive Director, Office of
Licensing and Ventures
COMPANY: Duke University

Date: March 5, 2006

TRA 2120333v.1



Schedule A

Duke University

Serial No.	Patent No.	Application Filing Date	Assignment Recordation Date	Reel	Frame	Atty. Docket No.
09/403775	6,617,355	07-May-1998	11/23/1999	010406	0633	28195-501 NATL
10/403287	N/A	01-Apr-2003	02/28/2002	010406	0633	28195-501 DIV
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Serial No.	Patent No.	Application Filing Date	Assignment Recordation Date	Reel	Frame	Atty. Docket No.
11/179349	N/A	12-Jul-2005	9/29/2000	011158	0016	28195-517 CIP1 CON1
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10/066320	N/A	02-Aug-2000	1/28/2003	013713	0483	28195-518 NATL



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Serial No. 101066330 File No. 28195-518 By: IRE/MP
Title: Method for determining the physiological...
Application of Duke + Montana State Date: 1/31/02
The U.S. PTO Mail Room acknowledges receipt of the following on the date stamped hereon:

- | | |
|---|---|
| <input type="checkbox"/> Reg. for CPA under 37 CFR 1.53(c) | <input type="checkbox"/> Provisional Application Cover Sheet |
| <input type="checkbox"/> Change of Attorney's Address | <input type="checkbox"/> Int. Disc. Statement, PTO Form 1449 |
| <input type="checkbox"/> New Power of Attorney | <input type="checkbox"/> References Cited |
| <input type="checkbox"/> Patent Application | <input type="checkbox"/> Copy of Notice to File Missing Parts |
| <input type="checkbox"/> Non-provisional <input type="checkbox"/> Provisional | <input type="checkbox"/> Amendment/Response |
| incl. _____ pages, (_____ pgs) Abstract, (_____ pgs) Claims (_____ # claims) | <input type="checkbox"/> Petition for Ext. of Time (x2) |
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| <input type="checkbox"/> Drawings _____ sheet(s) (FIGS. _____) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input type="checkbox"/> Brief (x3) |
| <input type="checkbox"/> Verified Statement claiming small entity status | <input type="checkbox"/> Check for \$ _____ |
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Other: Declaration by Assignee & New POF (2 pgs)
Attached Schedule of 2 pgs, 1st page U.
Domination by the Commission, no 2nd page